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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

(This return may be made  
by the person who is the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place Globe County Gila No. Third St.

SEX OF CHILD Female ☒ Twin ☒ Triplet ☐ and ☐ other? ☐ Number\* 2nd  
in order of birth

DATE OF BIRTH January 20, 1914  
(Month) (Day) (Year)

FULL NAME Charles Bailey Youle Hind  
FATHER

FULL MAIDEN NAME Jane Ridsdale  
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Alice Jane Hind  
(Give name in full) (Surname)

Alice Jane Hind  
(Parent's Signature)

(Signature of Physician or Midwife)

\*This form should be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-

184-120-195